



Academic Affairs

UPDATED Request for Approval: **Off-Campus Activity or Event**
Stage 3/4
Spring 2021

What events must be approved?

Until further notice, all TCU sponsored activities and events, including those held at an *off-campus* location, must be approved using the process described in this Form.

Who must approve events?

- All events and activities require:
Review and approval by the Dean.
- Registration and final approval by the Provost.

What is the approval process?

Step 1: The activity/event organizer completes attached form for review, Signature, and approval by the Dean.

Step 2: Dean review must include

- **Alignment with criteria appropriate to the stage** (Stage 3: Mission and Timing Critical, Stage 4: Mission Consistent and Timing Sensitive)
- **Assessment of** health and safety plan
- **Alignment with** College priorities, and
- **Alignment** with guidance for stages (assessment matrix and timing considerations).

Step 3: Dean reviews and either denies or approves for registration and Provost approval of activity to ConnectedCampus@tcu.edu.

Step 4: Provost Office registers approved activities and confirms final approval with Dean.

Step 5: Dean retains documentation including participant list and health and safety plan.

Does each activity require a health and safety plan?

The activity review and approval process requires the Dean to assess multiple risk factors associated with the activity in making a determination. Therefore, each proposal should include a health and safety plan. The standard health and safety plan can be adapted to a variety of classroom-type settings. Please contact Sandy Callaghan (s.callaghan@tcu.edu) if an activity structure is more complex and requires additional review by Campus Emergency Management (Sean Taylor).

Academic Affairs Request for Approval: Off-Campus Activity or Event

Name of Activity			
This activity is schedule during:			
Stage 1: Through 11/24	Stage 2: 11/24 – 1/18	Stage 3: 1/19 – 1/31	Stage 4: 2/1 – 3/19
Sponsoring Department or Unit			
Description of Activity			
Date(s) of Activity		Time (Start/End)	
Location of Activity (describe as appropriate)			
Briefly describe why the location and timing of this event is critical to the mission of the University or to ensuring academic continuity for participants. Please also address why the outcome cannot be achieved virtually or with some other adaptation.			
Anticipated Number of Participants:		Students	Employees
Description of Student Participants (attach list if additional space is required)			
Please identify leaders/facilitators (with title or description)			
Will any participants or vendors be in attendance who are not affiliated with TCU (student/employee)?			YES
If yes, please describe			NO
What is the potential for negative impact of this activity to the external community (outside of TCU)? Include the impact if this activity were not approved.			

Does participation in the activity require travel/transportation?	YES		NO	
If yes, please describe (private car alone or with others, air, overnight, hotel, etc.)				

Will food be served? If yes, please describe (include vendor and food service arrangement such as boxed, buffet, etc.)	YES		NO	

Will any aspect of the event be conducted outdoors?	YES		NO	
If yes, please describe				

Do any planned activities require physical contact or limit the ability for participants to maintain 6 ft physical distancing?	YES		NO	
If yes, please describe				

*** Attachments:**

- Please attach anticipated participant list with role (student, instructor, campus visitor, etc.)
- Please attach program itinerary, as appropriate

I request approval for this activity or event

Organizer Name (printed)		Date	
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I have reviewed the activity proposal including the health and safety plan. I approve this activity, noting that this activity proposal:

- is mission critical and timing critical if approved for Stage 3.
- is consistent with the priorities of the College.
- adheres to current University and state and local guidance for health and safety and permitted activities.
- is consistent with the criteria and intention of the guidance provided for the staged return to increased activity in Academic Affairs.

(Dean or Vice Provost/Associate Provost when there is no Dean in the reporting line):

Name (printed)		Date	
Dean Signature <small>(You may use Adobe Sign)</small>			

Please provide any additional notes or caveats included in your approval:

